California HealthCare Foundation

No Appointment Needed: The Resurgence of Urgent Care Centers in the United States

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About the Foundation

The **California HealthCare Foundation**, based in Oakland, is an independent philanthropy committed to improving California's health care delivery and financing systems. Formed in 1996, our goal is to ensure that all Californians have access to affordable, quality health care. For more information about CHCF, visit **www.chcf.org**.

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Foreword

When the California HealthCare Foundation released *Health Care in the Express Lane: the Emergence of Retail Clinics* in June, 2006, the report highlighted several issues that had been brought to the fore by the emergence of this new model of care. Perhaps the most prominent was the gulf between consumers' desire to visit retail clinics and their need to obtain care outside of typical doctors' office hours and locations, and options available to meet this need. This raised the question of what role urgent care centers, generally recognized as being part of the "mainstream" health care system, are playing in this evolving market.

This report attempts to answer some key questions about urgent care centers in the United States today. Where are they? What services do they provide, and to which consumers? How are these care centers reimbursed? Do urgent care centers, many of which have extended hours of operation and a relatively broad scope of services, offer an alternative to emergency room visits for non-emergency conditions? Are these centers regulated, and if so, by whom?

This report is intended to provide background on urgent care centers in the United States, and to highlight relevant developments and trends. It includes specific information on urgent care centers in California, and offers perspectives from urgent care center operators and other industry experts. Finally, this report explores key issues and questions related to how urgent care centers are faring in the health care system, and their prospects for the future.

As always, we invite you to share your thoughts and to provide information on organizations that are not included in this report.

Margaret Laws
Director, Innovations for the Underserved
California HealthCare Foundation

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I. Introduction

THE DAYS OF HAVING A FAMILY DOCTOR IN TOWN who cared for all of a patient's health needs are long gone. In their place, an array of services and providers has developed to meet patients' primary care needs, increasingly placing the burden on the consumer to make the appropriate choice. This proliferation of choices includes primary care practices with one, several, or many physicians; community health centers; large multispecialty group practices that provide primary care; hospital emergency departments and, more recently, freestanding emergency departments; retail clinics; and urgent care centers. Among these, urgent care centers have emerged to fill a specific niche in the health care delivery system.

Urgent care centers first opened in the United States in the early 1980s. The industry declined, and then expanded in the mid-1990s. Since then, the industry has grown rapidly, to between 12,000 and 20,000 centers today.[1] By one estimate, approximately two new urgent care centers open in the United States each week.[2]

Urgent care centers focus on acute episodic care with a substantial emphasis on customer service. While urgent care centers may also be owned and operated by hospitals or multispecialty group practices, this report focuses on those that are independently owned or that are part of chains of urgent care centers.

There is no nationally accepted definition of what constitutes an urgent care center. The scope of services provided generally falls between that of a primary care doctor's office and an emergency department. As Merl O'Brien, M.D., of Med7 Urgent Care in California, says, "The problem is that anyone can call themselves an urgent care center. You can have a mid-level [provider] in one room with no lab, no X-ray, no crash cart, and they call themselves an urgent care center. We have X-rays, emergency room equipment, ACLS-trained [Advanced Cardiac Life Support] board certified doctors. And we're an urgent care center."

At a minimum, an urgent care center emphasizes walk-in or unscheduled care, offers extended evening and weekend hours, and provides an expanded array of services compared to a typical primary care office. These expanded services may include

on-site radiology, substantial point-of-care diagnostic testing, and the ability to repair lacerations or provide intravenous fluids—services for which many primary care offices would refer a patient to the emergency department. Additionally, occupational health is a key component of the services offered by many urgent care centers.

What is an Urgent Care Center?

"Urgent care is defined as the delivery of ambulatory medical care outside of a hospital emergency department on a walk-in basis, without a scheduled appointment. Urgent care centers treat many problems that can be seen in a primary care physician's office, but urgent care centers offer some services that are generally not available in primary care physician's offices... [such as] X-rays and minor trauma treatment."

The Urgent Care Association of America, www.ucaoa.org

II. Growth of the Urgent Care Industry

When the first urgent care centers began opening their doors, a 1983 *U.S. News & World Report* story attributed the phenomenon to an oversupply of physicians, some of whom were opting to engage in a new level of entrepreneurship by expanding the types of services they offered—including clinics treating minor medical problems without an appointment.[3] A *Harvard Business Review* article in 1980 described urgent care centers as one of the "innovative alternative methods" that were predicted to render hospital emergency departments "vulnerable to replacement."[4]

Despite this initial optimism and the expansion of the industry, many centers closed in the late 1980s and early 1990s. This decline has been attributed to two primary causes. First, hospitals began buying existing independent urgent care centers. In some cases, they saw them as potentially profitable, while in others they were focused on the ability to capture additional business for their hospital through the provision of ancillary services—and counted on the willingness of patients to use the urgent care center as a "front door" to the hospital. Many of these centers rapidly became unprofitable and closed, most likely because they were being operated like hospitals, with considerable management and staff overhead, including the use of licensed nurses, triage processes, and union wages.[5] In some cases, closure may have been what the hospitals intended if they were purchasing the centers to reduce or eliminate competition.

Second, there was little emphasis on marketing the concept of urgent care. As Mr. Kevin Ralofsky of MedCapital puts it, "I don't think that the urgent care concept was marketed cohesively. I don't think many people knew what they were getting into, and patients didn't know what services were offered. They didn't have the same plan or philosophy that they have today."

A new growth spurt for the urgent care industry began in the mid-1990s and continues today. Pat Dunleavy, CEO of Now Care, a chain of urgent care centers and retail clinics based in Minnesota, notes that the biggest change in the industry is "acceptance by the public. They traditionally went to primary care medicine, whether it was a six-, eight-, or 10-week wait [to see a doctor]. Their growing acceptance and understanding of urgent care has been tremendous. They truly appreciate

being able to walk into an urgent care clinic on the way home from work, pick up medicines, and start to feel better."

Additionally, growth in the urgent care industry is being fueled by consumer backlash over long waiting times to see other providers. Many centers have found their niche by emphasizing convenient, high-quality care. Patients may face long waits for appointments with their primary care doctors—up to six weeks in some areas—and in 2002, fewer than 6 in 10 adults who needed urgent care were able to get it as soon as they wanted.[6] In a comparison of seven developed countries, the United States ranked lowest in primary care practices in which patients could be seen when the office is closed, without going to the emergency department.[7] The average time spent in the emergency department was 3.3 hours in 2004, and media accounts periodically highlight incidents of patients waiting considerably longer for care.[8] In addition, a series of reports from the Institute of Medicine emphasize the problem of emergency department crowding.[9] Taken together, these market factors are contributing to the rapid expansion of urgent care centers.

III. Urgent Care Centers and the Health Care Delivery System

URGENT CARE CENTERS ARE UNIQUELY POSITIONED in the health care delivery system. The table shows their relationship to other ambulatory care providers that offer overlapping types of service. The table demonstrates how urgent care centers, retail clinics, primary care physicians' offices, and emergency departments compare on six characteristics that typically distinguish an urgent care center.

Table 1. Characteristics of Ambulatory Care Centers, by Type

	Site of Care			
	Retail Clinics	Primary Care Practices	Urgent Care Centers	Emergency Departments
Convenience				
Extended hours are a feature of how the site provides care				
Patient flow at the site is targeted toward providing unscheduled care				
Clinical conditions and services				
A wide range of services is provided at the site				
The site is designed to address urgent conditions				
Philosophy				
The site views its patients as customers				
Continuity of care is central to the site's relationship with patients				

Urgent care centers generally emphasize convenient care and feature extended evening and weekend hours. While this is also true of retail clinics, neither typically comes close to the 24-hour-a-day, 7-day–a-week availability of services in emergency departments. Urgent care centers, retail clinics, and emergency departments all emphasize unscheduled care to a far greater extent than most primary care practices do.

At the same time, urgent care centers often provide a wider and more complex array of services that are designed to address more urgent health needs than a primary care office does. Emergency departments—particularly those in large, Level I trauma centers—provide the broadest scope of care. All of these settings offer a broader scope and complexity of services than retail clinics, which are designed to address a limited number of health concerns.[10] Describing how the services provided at urgent care centers compare with those at doctors' offices and emergency departments, Franz Ritucci, M.D., of the American Academy of Urgent Care Medicine says, "The care that is able to be provided in an urgent care is far more aggressive than that of a family practice. For example we can do intravenous hydration. In-house, we're able to do a lot of point-of-care tests rather than sending to labs. We're far more aggressive and have a greater latitude than the family practice office itself."

Many emergency departments now operate minor care areas that focus on low-acuity patients—those with less-serious injuries or conditions. Known as fast tracks, these areas are staffed either by physicians, mid-level providers such as nurse practitioners and physician assistants, or both. Mike Williams of the Abaris Group, who has done consulting in both emergency department and urgent care settings, notes that an urgent care center "should act like a best-practice fast track, and fast tracks should operate like the best urgent care centers." Many urgent care centers, however, provide services that exceed those of a fast track and more closely mirror the care provided in the main emergency department to lower-acuity patients.

Emphasizing a view of patients as consumers who can choose where to get their health care is a hallmark of urgent care centers and retail clinics, both of which take a customer service approach to providing convenient care. This view is not as prevalent in doctor's offices and emergency departments, which are designed to function around the physician's availability, rather than the patients'. To further improve customer service, some urgent care centers now allow patients to check in and complete registration information online, prior to arriving at the center. Solantic, a 13-location chain of urgent care centers in Florida, embraces the patient-as-customer view so much that they have a clear policy on their Web site describing their prices for different services.[11]

Finally, primary care places considerable emphasis on continuity of care, ideally serving as a patient's primary point of access to the health care system, following patients over time, providing management for chronic conditions, and coordinating specialist care.[12] While emergency departments do serve as a usual source of care for a very small number of patients, and some patients are asked to return to the emergency department for a follow-up visit, continuity of care is generally very low. Retail clinics and urgent care centers primarily emphasize episodic care. They are happy to have patients return, but the intent is that they should be seen for a new complaint each time. However, the addition of occupational medicine, which often involves more than one visit for a given health condition, moves urgent care centers slightly closer to primary care offices in terms of continuity.

IV. Urgent Care Centers in California

While urgent care centers in California are affected by the same issues as the rest of the country, several factors stand out as having a particular influence in the state, including the prevalence of managed care, workers' compensation, the corporate practice of medicine doctrine, and the high cost of doing business.

Prevalence of Managed Care

The high prevalence of managed care in California has been cited as one of the main pressures on urgent care centers in the state. As one consultant who works with those interested in opening new independent urgent care centers describes it, "My clients hit huge resistance from established insurance companies" in California.[13]

In addition, managed care contracting and capitated rates have led some multispecialty group practices to establish their own urgent care centers to serve their patients. Jeffrey Litow, M.D., of Health Care Partners, a large, multispecialty group practice in the Los Angeles area, notes that their centers, which have many of the same resources as an emergency department with a fast track, operate at a financial loss. However, these centers provide substantial savings to Health Care Partners by diverting non-urgent patients and their associated costs from the emergency department. Additional cost savings come from preventing unnecessary testing, as the urgent care centers have full access to the patients' electronic medical record via their integrated system. By keeping patients in their practices in their own urgent care centers, group practices such as Health Care Partners may save money on their capitated patient costs. At the same time, they may also restrict the market opportunities for new independent urgent care centers.

The converse may be true in areas with less managed care penetration, explains William Hines, President of Doctors on Duty Medical Clinics, a chain of 13 urgent care centers in the central coast region. Explaining why Doctors on Duty contracts with few HMOs, Hines describes the central coast area as lacking a major HMO market, likely the result of seasonal employment patterns in the hospitality and agriculture industries, which make it difficult for an HMO to succeed.

A Medi-Cal Plan Encourages its Members to Use Urgent Care Centers

Inland Empire Health Plan, which serves approximately 300,000 Medi-Cal members in San Bernardino and Riverside counties, was troubled by the exceptionally high use of emergency departments by its members. The plan logged 550 visits per 1,000 members annually, compared to 382 per 1,000 nationally.[14] As Inland Empire is a Medicaid plan, its members are not charged co-payments for their health care, so increasing members' costs in order to reduce utilization, a tactic commonly used by commercial plans, was not an option.

Until late 2006, Inland Empire's independent practice association physicians (IPA) were paid on a capitated basis for all professional services, including members' use of urgent care centers, for which they were required to have contracts in place. As a result, it turned out to be less expensive for the IPA physicians to have patients go to the emergency department than to the urgent care center, since emergency department payments were separate from the capitated rates. While it was less costly for the physicians, it was far more expensive for the health plan.

Beginning in early 2007, the plan began a new, three-part strategy for reducing emergency department use by encouraging use of urgent care centers. First, Inland Empire is taking financial responsibility for urgent care visits away from the physicians and placing it back under the health plan's domain. This allows the plan to better manage this financial risk and takes away any incentives for primary care physicians to refer patients to the emergency department.

Second, the plan is working to contract with a significant network of urgent care centers. This includes approximately 40 urgent care centers serving their two-county area, with 25 to 30 urgent care centers that provide an extended range of services, and another 15 "express care" centers that provide services more akin to after-hours primary care.

Third, Inland Empire is planning an outreach campaign to educate its members about the benefits of using urgent care centers rather than emergency departments. The primary motivation they plan to use is time savings. "Do you really want to go to the ER and wait four hours, or go around the corner from your house and wait 15 minutes [at the urgent care center]?", as David Carrish, director of contracts, puts it.

When asked if they have any concerns about their new strategy, Chief Medical Officer Brad Gilbert, M.D., notes, "Our one worry is that we're going to make this [urgent care use] very accessible. We don't want primary care to be shifted from the primary care office to the urgent care center, the way it's now taking place in the emergency department. We believe in the medical home concept for our members."

Their biggest hope is to reduce emergency department use that is costly and that doesn't make much sense medically. Their cost of paying for urgent care is roughly half what it costs the plan if the member seeks care from the emergency department. "Even if we reduce emergency department use by 20 percentage points, we'll be ahead of the game," says Dr. Gilbert.

He also points out that in areas where there are more HMOs, urgent care centers need to be more competitive, which tends to drive down prices, making financial success more difficult. Notes Hines, "It might be why we do better than many other urgent care centers in Southern California, because there are not HMO contracts providing the competitive factor."

Workers' Compensation

Workers' compensation is not as profitable for physicians and practices in California as in other states. Compared with a group of 12 states, the average number of visits per claim was higher in California, while the average total payment per claim was lower.[15] Legislation passed in 2003 reduced physicians' fees for workers' compensation cases by 5 percent, likely exacerbating this

problem.[16] In addition, recent legislative changes allow employers to require that injured employees obtain care from a provider in a designated medical provider network that has been approved by the state.[17] In combination with additional recent legislative provisions, these efforts have reduced state and employer spending on workers' compensation medical care.[18] At the same time, however, they have made for an unattractive environment for the practice of occupational medicine. A recent survey of physicians conducted by the California Medical Association found that many of the recent reforms in workers' compensation posed significant barriers to physicians, and as a result, 63 percent of the physicians surveyed intended to leave or reduce participation in workers' compensation care.[19]

These restrictions on the provision of workers' compensation medical care, combined with an unattractive fee schedule, may deter urgent care centers from practicing occupational medicine in California. Shelly Weber of the Urgent Care Center of Folsom describes the effect of the medical provider network restrictions, saying that an employer "could be insured by Company X, but if we're not on their provider network, then we cannot see [their employees] for workers' comp. If we did see them, we wouldn't get reimbursed for it." Since occupational medicine and workers' compensation are an essential part of the services offered by many urgent care centers, the current environment in California may pose a barrier to opening new independent and chain-owned centers in the state.

Corporate Practice of Medicine

California has a law prohibiting the "corporate practice of medicine," which essentially requires that urgent care centers and other health care organizations that employ physicians be owned by physicians.[20] This is not likely to restrict the growth of the urgent care market, since independent urgent care centers are typically owned by physician-entrepreneurs. In some cases, however, this law has resulted in urgent care centers that have other ownership arrangements, and contract with a medical group to provide physicians for their facilities. For example, Maureen Flannery, a patient care manager at Sharp Rees-Stealy urgent care centers, part of the larger Sharp HealthCare in San Diego, notes, "We contract with our doctors because of the Corporate Practice of Medicine act. We have the medical group practice that is physician-based and partners with Sharp Rees-Stealy."

Cost of Doing Business

Joseph Toscano, M.D., an emergency physician who was previously the corporate medical director for a chain of several urgent care centers in Northern California, points out that the high cost of doing business in the state has an impact on profitability. "I think the overhead of doing business here is higher. When you look to be able to make money by starting an urgent care center here, it's less attractive as an investment. We were incredibly busy as a practice, and most months we were losing money. The cost of living in California is higher than elsewhere, so personnel costs were high. Also, I think we were making less money per patient because of managed care and slower reimbursements. You combine those two things, and it's just not as attractive to open an urgent care practice."

V. How Urgent Care Centers Operate

Hours, Patient Load, and Staffing

Urgent care centers primarily operate on a walk-in basis, without scheduled appointments. According to a recent survey by the Urgent Care Association of America, the most common opening time for urgent care centers is 8 a.m. (58 percent) and the most common closing time is 8 p.m. (42 percent). A typical weekend day might find a center opening at 8 or 9 a.m., and closing at 5 p.m. or later. The same survey shows that a typical location sees an average of 15,455 patients annually, with an average total charge for services of $215.91 per patient.[21]

A typical urgent care center that is open approximately 80 hours per week might have 2.5 physicians, and, depending on the patient load, either a nurse practitioner or physician assistant, in addition to any medical assistants and office staff.[22] Slightly less than half (45 percent) of respondents in the survey report using midlevel practitioners either "frequently" or "almost always."[23] Many centers use medical technicians in place of registered nurses. Other centers have staff who fill multiple roles, from giving injections and starting IVs to registering patients and completing billing processes.

Scope of Care

Urgent care centers supply many of the same services that primary care physicians might provide for acute care patients. However, urgent care physicians generally do not provide well care, immunizations, or long-term management for chronic conditions. The main emphasis at urgent care centers is on episodic care.

Many in the field consider an expanded scope of services to be a defining characteristic of urgent care centers. In particular, many centers have the ability to do onsite radiology, care for simple fractures and lacerations, and provide intravenous hydration. In many primary care offices, these would require a trip to the emergency department. Additionally, many urgent care centers offer point-of-care testing conducted on premises, rather than at an off-site laboratory. Some urgent care centers have moved beyond simple point-of-care tests such as urinalysis, pregnancy tests, and hemoglobin testing to include more complex and more regulated testing, such as troponins for the diagnosis of chest pain—something typically done only in hospital emergency departments.[24]

While most urgent care centers serve all patients, some specialize exclusively in pediatrics. Many of these practices are specifically designed to complement primary care pediatrics practices, and unlike other urgent care centers, are open only on evenings, weekends, and holidays, when pediatricians' offices are closed.

The scope of services provided by urgent care centers can vary considerably. For example, Inland Empire Health Plan in Southern California uses explicit criteria to classify centers into two categories, based on the services they provide. Some can perform a wide variety of procedures, including laceration repair, fracture care, and response to cardiac events, while others function more like after-hours primary care services, with a limited range of procedures. Dr. Litow of Health Care Partners comments that each of that chain's urgent care centers in Los Angeles, Montebello, Long Beach, Pasadena, Irwindale, and Van Nuys is divided into two basic areas: one that sees "bumps, cuts, fractures, and sore throats," and the other addressing "a cadre of medical conditions," including gastrointestinal bleeds, diabetes, sepsis, and non-acute chest pain.

Occupational Medicine and Workers' Compensation

One essential component of the services offered by many urgent care centers is occupational health, which has two main aspects: employer-paid services and workers' compensation. Employer-paid services include employment-related physicals, drug screening tests, workplace evaluations, and other related services. These services may be done under contractual arrangements with local employers. Many of the services, such as drug screening tests, can be carried out by a medical assistant without a physician's involvement, generating income with low resource use. "Even better, it's a cash business. There is no collecting from the insurance company; the center bills the employer directly, and the bad debt rate is very low" compared to other payers, says Kevin Ralofsky, president of MedCapital, an Ohio-based consulting firm specializing in the urgent care industry.

Workers' compensation is designed to pay for employees' health care needs associated with on-the-job injuries. The nature of sudden, employment-related injuries means that appointments cannot be scheduled in advance, as would be necessary in many primary care offices, which makes urgent care centers a particularly attractive venue for workers' compensation cases, especially when compared with the only other option for unscheduled care—the emergency department.[25] As David Stern, M.D., of Physicians Immediate Care and Practice Velocity points out, "The company doesn't want to pay an ER bill, and doesn't want [the employee] to spend a whole day waiting for care."

From the urgent care centers' side, workers' compensation cases are appealing because they typically result in multiple visits per injury, with a single billing process. This is a departure from the majority of their cases, patients who are seen once for each clinical episode, with a separate billing process each time. Both employer-paid services and workers' compensation cases complement the acute health side of the services provided in urgent care centers, generating business midday, a time that is often slow for many centers.

Occupational Medicine and Urgent Care

"The first client you go for is the city municipality—teachers, firemen, et cetera. They're usually the largest employer in the city and have the most clout. They're the decision makers. They're the client you need to get everybody else [on board as your client]. Let's say they have 500 employees in a small city, which translates to 1,500 patients, because they have families. The city will do their best job to steer their employees to you because you're going to show them what you do on their workers' comp... When that happens, the employees will start to use you for other needs, colds, et cetera, and that's where you make your money."

Kevin Ralofsky, founder of MedCapital

Point-of-Care Dispensing

Approximately one-third of respondents to the Urgent Care Association of America's benchmarking survey reported providing prepackaged pharmacy services onsite, also known as point-of-care dispensing.[26] Medications come in pre-filled tamper-proof packages, and the contents are never handled by the urgent care center staff.

There are two main motivations for offering these services in an urgent care center. First, the profit per medication dispensed can be considerable for some centers. "If you can stick with good old standby generic meds—amoxicillin, doxycycline—the cost for you to get medications in your building to resell is minimal," notes urgent care consultant Patrice Pash of National Med Network."Ten days of amoxicillin is under $4 cost. You can turn around and sell that to the patient in your clinic for $10, which is cheaper than most people's generic copay at the pharmacy. It costs less than $1 worth of time and energy [to order, stock, and dispense], so you still have a $5 profit." However, it is not clear how significant a revenue stream point-of-care dispensing represents for the industry.

The second draw is the benefit to the patient of one-stop shopping. The ability to remove an inconvenience—having to go to the pharmacy to fill a prescription when a patient is sick—is in keeping with the increased customer service focus at the heart of many urgent care centers. "Before, when we would offer this service to people they were surprised. Now, patients do ask sometimes and they expect it," says Pash. She also points out that medications for workers' injuries can be billed directly to the workers' compensation program, rather than having the patient pay for the drug at a pharmacy and wait for reimbursement from the company's program.

Point-of-Care Dispensing

"We just started a program of dispensing meds. We don't dispense the full dose. If you're seen on a Saturday night and the pharmacy is closed on Sunday, we'll give a starter dose. Cash for meds, $3 for two doses. We close at 10 p.m. and latest pharmacy [closes] at 9 p.m., so it's a good service. We break even with dispensing medications–don't make or lose money. We started doing it for quality. We didn't want to send a sick baby home without at least starting them on the medication."

Shelly Weber, Office Manger, Urgent Care Center of Folsom, Folsom, California

Marketing Urgent Care Services to the Consumer

Marketing is crucial to the success of both new and established urgent care centers. Primary care providers benefit from the established relationships patients have with them, and emergency departments carry both the name recognition and the large physical presence of their hospitals.[27] Urgent care centers benefit from neither of these, and the picture is complicated by the lack of clarity in the industry—and therefore among potential patients—about what exactly an urgent care center is and what it does.

The Advisory Board Company, which provides research services to hospitals, highlights the fact that hospital-based urgent care centers use newsprint and direct mail advertising to consumers. These advertisements often feature an educational focus that may include introducing patients to the option of "self-triaging" as a way to help them understand what types of conditions can be treated at the urgent care center, with the hope that they will make clinically appropriate decisions about whether to seek urgent care or go to the emergency department. In addition, the company notes that some hospital-based urgent care centers market their services

directly to physicians, with messages stressing the non-competing, complementary nature of their services.[28]

Good signage is critical to the success of independent and chain-owned urgent care centers. It can help ensure that the center can be easily found and that drivers who are passing by will remember the center when they need care at a later time. In at least two states (Illinois and New Jersey), however, centers are prohibited from using the word "urgent" in their name and marketing materials because of concerns about public confusion with emergency departments.[29]

Patient Satisfaction and Experiences with Care

A strong focus on customer service is a hallmark of the urgent care industry. Mike Williams, president of the Abaris Group, a consulting firm that specializes in emergency health care services, notes that in order to be successful, an urgent care center needs to be driven by an "appetite for customer service. Urgent care centers are high touch, not high tech." Press Ganey, an independent vendor of patient satisfaction surveys, has a survey tool designed specifically for use in urgent care centers.[30] One analysis of its 2002 data on more than 64,000 patients in 107 urgent care centers showed that the overall satisfaction rating was fairly high, with an average score of 83 on a 100-point scale.[31] This same study, however, showed that only 59 percent of patients indicated that their likelihood of recommending the center to others was "very good." Recommendation scores could be improved by keeping patients well-informed about delays when they are waiting to be seen. This may be crucial for enhancing patient satisfaction, as scores showed a substantial decline in satisfaction as wait times rose.

An online survey conducted by the National Headache Foundation found that many headache sufferers might benefit from treatment at an urgent care center. Patients were asked about the treatment they received for their headaches in emergency departments and urgent care centers. Urgent care center patients were more likely to report waiting less than one hour to see the doctor, having a medical provider who was polite and respectful, having a diagnosis clearly explained to them, having received effective treatment, and having been provided with clear instructions about what to do if the headache returned.[32]

Finally, one market research survey conducted by Scott & Company asked consumers about their preferences for having a sore throat treated when their regular doctor was not immediately available. The respondents' first choice was to seek treatment in an urgent care center, while their second choice was to wait for their regular doctor. Their third choice was to seek care in the emergency department.[33]

Cooperating and Competing with Other Health Care Providers

With the promise of shorter wait times, urgent care centers can provide an attractive alternative for patients who don't want to wait for an appointment with their primary care physician. As a result, urgent care centers can also be seen as competing for other doctors' patients, particularly when they first open in a community. Many urgent care centers explicitly state that they have no interest in taking patients away from existing relationships with their doctors, and invest considerable effort in communicating this to other providers. In addition, it is not uncommon for urgent care centers to work collaboratively with community physicians, sending them reports describing visits their patients have made to the center, and referring patients back to them for needed follow-up care. NextCare urgent care centers, with locations in Arizona, Colorado, North Carolina, and Georgia, routinely send notes thanking the patient's primary care physician for allowing the center to participate in the patient's care.[34]

Some urgent care centers become resources for community physicians, helping them avoid night and weekend call schedules by leaving a message on their answering machine referring patients to the center. Pat Dunleavy of NOW Care says, "We have, in many cases, worked out agreements with primary care clinics to provide them the after-hours coverage, the weekend coverage, the 'fill-in-on-busy-day' coverage that supports their practice, rather than competes with it. They may not have to come in in the evenings or on the weekends for call, and we make sure they get a chart back the next day."

Working with the Community

"It's gratifying to the pediatric community. To some extent it's disarmed them; they don't see that we're coming in to be competitive with them. We want them to understand that we're not there to try to take away any of their patients. We don't take appointments, we don't do anything in the realm of non-acute primary care. We don't do scheduled physical exams, health checkups, or give immunizations (other than tetanus). We avoid the realm of the primary care pediatrician to every extent we possibly can. I think when they see that, it's a much more comforting thing for them. Right now, about 20 percent of our patients come with direct referrals [from community pediatricians]."

Jeffrey Schor, M.D., Founder, PM Pediatrics, New York

At the same time, the opening of urgent care centers can put pressure on other physicians in the community to be more consumer-oriented. "Being the first [urgent care center] in Dallas, I took a lot of arrows in the back for forcing other practitioners to have evening and weekend hours—it was a bad thing from their viewpoint," says Ronald Hellstern, M.D., of PSR, an emergency physician practice management firm. The *New York Times* recently reported on this, pointing out that "doctors know that as walk-in medical offices and retail-store clinics pose new competition, and as shrinking insurance benefits mean patients are paying more of their own bills, family care medicine is more than ever a consumer-service business. And it pays to keep the customer satisfied." The article describes one doctor's office that, in response to these pressures, has begun daily lunch-time clinics in which patients who have called with minor illnesses are guaranteed that they will be in and out the door in half an hour.[35]

Urgent care centers' relationships with hospitals look very different. Many urgent care center physicians do not maintain hospital admitting privileges. When a patient needs to be admitted, they are typically sent to the emergency department, and their care is handled by hospital-affiliated physicians from that point on. Some urgent care centers have arrangements to admit patients directly, bypassing the emergency department, which can increase continuity of care between the outpatient and inpatient settings.[36] There is an expectation that any care a patient needs following the hospitalization will be handled by their primary care physician, if they have one, rather than by the urgent care center.

The market niche for urgent care centers is defined in part by consumers' reactions to extended wait times in the emergency department. Recently, a number of hospitals have begun to guarantee that patients will see a provider within certain time limits after they arrive in the emergency department, typically 15 or 30 minutes. Some hospitals promise a short wait time to see a physician or a nurse. Some back their guarantees with significant financial commitments, offering to waive facility fees, while others offer free movie tickets or simply the promise of an apology.[37] There is no way to tell whether this is a reaction to patients' dissatisfaction with long emergency department wait times, or to competitive pressure coming from urgent care centers' ability to see patients more quickly. In addition, it is unclear what impact such guar-

antees will have on patients' interest in using the emergency department versus a local urgent care center.

One newer trend that may generate additional business for urgent care centers is triaging nonurgent, low-acuity patients out of the emergency department altogether. For example, in northeast Florida, two hospitals are now screening emergency department patients and asking those with minor illnesses or injuries to seek care elsewhere. Orange Park Medical Center in Orange Park, Florida, is now asking its nonurgent patients to pay an additional $100 fee if they choose to be treated in the emergency department, and is providing low-acuity patients with a list of alternative area providers, including urgent care centers.[38]

Urgent Care Medicine as a Professional Field

As a newer area of clinical practice, urgent care medicine has only recently begun to move toward defining itself as a professional field. The American Board of Urgent Care Medicine offers certification for physicians, and approximately 900 physicians have passed the exam.[39] However, this certification process is not recognized by the American Board of Medical Specialties, which is the gold standard for physician credentialing. The American Medical Association now has a code allowing physicians to self-designate their specialty as urgent care medicine. While there is no journal dedicated solely to publication of peer-reviewed original research on urgent care, the field has two recently founded journals targeted toward clinicians, The *Journal of Urgent Care Medicine* and *Urgent Care*.

The field also has a new fellowship offering postgraduate training in urgent care medicine through the Department of Family Medicine at Case Western Reserve University and University Hospitals Medical Practices in Cleveland, Ohio. This program, developed in collaboration with the Urgent Care Association of America, started in 2006. It follows a curriculum designed around a set of defined core competencies and is modeled after the Accreditation Council for Graduate Medical Education's training model. The competencies covered by the fellowship include adult emergencies, pediatric emergencies, wound and injury evaluation and treatment, occupational medicine, urgent care procedures, and business aspects of the urgent care center. A second program using the same curriculum will begin at Physicians Immediate Care in Rockford, Illinois, in collaboration with the Department of Family Medicine at the University of Illinois, Rockford, and the Urgent Care Association of America.[40]

Why Have More Training?

"There are some naysayers about having additional training specific to urgent care medicine... They ask [if there is a need for] additional training [after residency]. We have identified the need for a couple of reasons. First, there's a market need: there simply are not enough well qualified, well trained physicians out there capable of walking into a busy, high-acuity urgent care center and performing at the level of quality and efficiency demanded. Second, it's driven by the graduates of the residency programs themselves, who are saying they don't feel comfortable moving right into a busy urgent care setting, especially in some core areas, such as orthopedics, radiology, occupational medicine, some procedures, and adult and pediatric emergencies. In an urgent care setting, whoever walks through the door needs to be attended to. You need to understand the basic initial treatment of any adult or pediatric emergency."

Lee Resnick, M.D., Fellowship Director and Medical Director, University Hospitals Urgent Care

VI. Legal and Financial Issues

Coding and Billing

Urgent care does not have its own unique set of billing codes; rather, it uses the same series of codes as primary care.[41] One additional billing code used for urgent care is a flat rate code. Under flat rate billing, the urgent care center is paid the same fee regardless of the services it provides. David Carrish, director of contracts at the Inland Empire Health Plan, a Medicaid managed care plan in California, says their plan prefers a single flat rate for urgent care, but recognizes that some urgent care centers contract on a two- or three-tier basis, depending on the the severity of the condition being treated. Dr. Stern of Physicians Immediate Care and Practice Velocity notes that flat-rate billing may result in more patients being sent to the emergency department for care that otherwise would be provided in the urgent care center, because it is not financially feasible for centers to provide a substantially expanded range of services under flat-rate billing. Some providers are working to negotiate carveouts with insurance companies, so that they will accept the flat rate but be able to bill for certain additional services, such as X-rays and other procedures. Other centers have found that negotiating a flat rate based on a careful analysis of costs can be financially beneficial, and may result in a higher average reimbursement per patient.[42] For providers not billing under a flat rate, both the physician visit and all procedures need to be appropriately coded and billed to ensure correct reimbursement. Given the greater emphasis on procedures in urgent care as compared with a primary care office, this becomes particularly important for centers' finances.[43]

Another developing issue in the area of billing is whether urgent care centers are eligible to bill for a facility fee in addition to professional physician services. Facility fees are commonly used by hospital emergency departments to bill for the resource use that occurs in addition to exams and procedures provided by the attending physician. Most urgent care centers do not bill for facility fees, and their ability to do so is limited by the terms of their insurance contracts. While some advocate for the establishment of facility fees for urgent care centers, the Abaris Group's Mike Williams cautions that while "some hospitals do use facility fees [for their urgent care centers], there's some controversy about that because people [patients] are irritated that if they chose a different...center, they wouldn't have had an extra $300 facility fee."

Some private insurers have a three-tiered copayment system, with the lowest co-pay for office visits, the highest for emergency departments, and urgent care center co-pays falling in between. In general, however, Lou Ellen Horwitz, executive director of the Urgent Care Association of America, points out that insurers primarily reimburse urgent care "like a primary care office, when the visit is more often like a low-grade emergency room visit."[44] And Dr. Stern notes that most insurance companies "don't see a difference between [urgent care and primary care]. They don't recognize the complexity of seeing new patients all the time." On average, respondents to the Urgent Care Association of America's survey report that 51 percent of their visits are paid by private insurance, 17 percent by self-paying customers without using insurance, and the rest by Medicare, Medicaid, or workers' compensation.[45]

Malpractice and Other Legal Issues

In keeping with the scope of services they provide, malpractice risk for urgent care practitioners is generally thought to fall somewhere between that of primary care practitioners and emergency departments. Malpractice risk is likely increased by the lack of a long-term, established relationship with patients, which is considered a cornerstone of risk reduction in many settings. Similarly, discharge management is critical for lowering risk in an urgent care setting, as a patient's follow-up plan—whether for additional diagnostic testing or for follow-up care—generally does not involve the urgent care physician.

Another risk associated with not having established relationships with patients is being a potential target for drug seekers. "Drug seekers know they can go in there, to the urgent care doctors," says Patrice Pash of National Med Network. "Think about how easy it is to fake a hurt back. It's easy for a 'narc hunter' to go in to different urgent care centers to get drugs. It takes a very perceptive doctor to find out about it." A related risk comes from stocking medications for point-of-care dispensing. An urgent care center known to stock narcotics may be a target for robbery. As a result, Pash recommends that any narcotics an urgent care center stocks should be Schedule III or greater, such as Tylenol with codeine, rather than Schedule I and II drugs, such as meperidine or oxycodone, which carry a higher risk of addiction.

John Shufeldt, M.D., CEO of the NextCare chain of urgent care centers, notes one area of risk that is unique to this area of practice. "In urgent care we're relying on people to selectively triage themselves correctly to come to the urgent care center," he says. "Physicians think that [since the patient is] in urgent care, they can't be too sick to begin with, and physicians may tend to underdiagnose potentially significant conditions." Dr. Shufeldt describes this as an "undiscovered actuarial risk in urgent care medicine that people haven't appreciated yet."

Accreditation and Licensing of Urgent Care Centers

Accreditation of urgent care centers by a recognized body may be key to insurers' willingness to pay a facility fee in addition to professional fees for physicians' services. Before accreditation criteria can be uniquely tailored to the needs of urgent care centers, however, there needs to be a clearly accepted definition of what an urgent care center is. As Michael Kulczycki, who directs the ambulatory care accreditation program at The Joint Commission, notes, "We're hearing increasingly from payers that they have some concerns about the urgent care environment—namely, where does the physicians' office end and the urgent care center begin?"

The Joint Commission, which is nationally recognized as the main body that accredits a range of health care organizations, includes urgent care

centers in its ambulatory care accreditation program. Urgent care centers are accredited in the same way that community health centers and other ambulatory care providers are, and there is no unique set of standards governing their accreditation. Approximately one dozen urgent care centers are accredited this way.[46] There are also two separate voluntary accreditation processes, one run by the American Academy of Urgent Care Medicine, and the other by the Urgent Care Association of America.[47]

Arizona is the only state to license and regulate urgent care centers. The licensing requirements there have been described as having unclear standards and a considerable paperwork burden, raising concerns within the urgent care community.[48]

Ownership of Urgent Care Centers

Urgent care centers that are privately owned may be independent, or parts of chains. To date, urgent care centers are not owned by large, multistate chains. The average number of locations reported by respondents to the Urgent Care Association of America survey is 2.7.[49] NextCare is perhaps the largest chain in the country, with 23 urgent care centers in four states.[50]

Urgent care chains have the ability to consolidate costs over a number of different practice locations. William Hines of Doctors on Duty Medical Clinics Corporation, a chain of 13 urgent care centers in the central coast area of California, differentiates between multiple and single urgent care centers. "[Multiple urgent care centers] can spread their costs over a region, [and] over many facilities... [The larger companies] have the efficiencies and synergies of having multiple facilities within a region that an independent urgent care center doesn't." According to Hines, urgent care chains' consolidated costs provide greater opportunity for profit in comparison to a single urgent care center. Chains may also have a competitive advantage. Dr. O'Brien of Med7 Urgent Care notes the power of being "large enough to be able to negotiate with local medical groups and have clout." Finally, having multiple centers can also facilitate name recognition among patients, a crucial aspect of marketing for urgent care centers. Barbara Stromick of RapidCare Urgent Centers, with locations in both Northern California and Southern California, says that the existence of their additional locations lends credibility in the minds of consumers, letting them know that "we're not a one-time venture, [that] we know what we're doing."

In addition to being owned independently as part of chains, urgent care centers may also be owned and operated by multispecialty group practices or by hospitals. Those that are owned by multispecialty group practices are often run as overflow or after-hours services for their primary care practices. These centers typically see patients whose primary care physicians are not available as soon as patients would like. This increases continuity of care within their system and reduces emergency department visits.[51] Hospital-run urgent care centers function in a variety of ways. Some feature a separate product line; or function as overflow services for their primary care practices; or as gateways that encourage the community to utilize arange of the hospitals' services[52]

A survey conducted by the Urgent Care Association of America found that approximately half (48 percent) of the respondents to their survey worked in centers that were privately owned, with another quarter (26 percent) working in centers owned by a hospital, and 8 percent working as part of a larger multispecialty practice or clinic. The remaining respondents worked in joint ventures or had other ownership arrangements.[53]

VII. Key Issues and Questions

How much demand will there be for urgent care centers?

As with all health care services, the aging of the Baby Boom generation is likely to generate more patients visiting urgent care centers more often, and may fuel demand for new services. This anticipated increase in demand for all services has the potential to exacerbate emergency department crowding and lengthen waiting times for primary care appointments. As a result, will patients be even more inclined to seek episodic care at urgent care centers in the future? Efforts are now underway to reduce emergency department crowding, and some primary care groups have experimented with same-day (or open access) scheduling, resulting in dramatic decreases in waiting times to see a physician.[54] If these efforts, which have not been widely adopted to date, are successful at streamlining health care delivery, will they reduce demand for urgent care center services? So far, neither set of efforts has been widely adopted.

Will the scope of services at urgent care centers expand?

With a predicted physician shortage and fewer new doctors moving into primary care,[55] patients' dissatisfaction with wait times for appointments with their family doctor is likely to increase, but their ability to seek care elsewhere may be limited by physician availability. If patients demand more convenient chronic care management, well care, or other services, will urgent care centers expand their scope beyond episodic care and become the new de facto primary care in some parts of the country?

Will urgent care centers lower health care costs?

To the extent that urgent care centers provide a consumer-friendly alternative to the emergency department for some health conditions, they may somewhat lower the overall cost of health care. For example, a recent study has shown that the cost of treating a patient for strep throat is $328 in the emergency department, compared with $130 in an urgent care center.[56] However, there may be unforeseen financial risks to removing low-acuity patients from the emergency department, as doing so may limit hospitals' ability to shift costs to cover

uninsured patients' expenses, potentially jeopardizing one cornerstone of the health care safety net.[57] The same study found that treating strep throat at urgent care centers costs slightly more than in primary care offices ($122). In the long run, what contribution will urgent care centers make to overall health care costs in the United States?

Will urgent care centers push change in the health care system?

Many large health care organizations are focusing substantial resources on improving processes, streamlining services, reducing errors, and improving quality. Will the customer service focus that urgent care centers bring place additional demands on hospitals, multispecialty group practices, and small primary care offices to be more consumer-oriented and to better meet patients' needs for convenient care? Will primary care offices expand their scope of equipment and procedures to match urgent care centers? The overlap in function among urgent care centers, retail clinics, primary care offices, and emergency departments will affect the scope, operations, and revenue of all these practices. The influence that the evolving urgent care industry has on the rest of the health care system remains to be seen.

Which providers will treat patients in need of episodic care in the future?

Jeremy Nobel, an adjunct lecturer at the Harvard University School of Public Health, describes primary care patients as falling into one of four main categories: (1) those with acute self-limiting problems (e.g., upper respiratory infections, low back pain); (2) patients seeking well care (e.g., preventive screening, immunizations); (3) those in need of ongoing management of chronic conditions (e.g., regular visits to treat diabetes); and (4) patients needing complex problem management. As he points out, the health care system is set up to deliver care to all four groups of patients in the same way, using the same providers.[58] Is there a potential for the system to reorganize primary care into subsystems that would steer patients to different providers? Under this scenario, urgent care centers would be well-positioned to handle the first group—patients with acute self-limiting conditions—as well as patients with acute exacerbations of chronic conditions, and with minor-to-moderate injuries. Many urgent care center patients have primary care physicians, and are already "voting with their feet" to use urgent care centers in this way and increase the convenience of their care.

How will urgent care centers connect to the health care delivery system?

Many urgent care centers make a considerable effort to communicate with their patients' primary care providers. However, there is no evidence about the extent to which primary care physicians view urgent care centers as competing with them, or as complementing their services after hours or during busy times. How will the relationship between urgent care centers and primary care providers evolve over time? Will urgent care centers make referrals directly to specialists? If they do, will those specialists send reports back to the urgent care centers for follow-up? How will this affect urgent care centers' place in the health care delivery system relative to primary care?

Will urgent care centers be treated like primary care physicians' offices, or like larger health care facilities?

While Arizona's efforts to license and regulate urgent care centers have met with concern in the industry, a widely recognized accreditation or licensing effort may be needed before insurance companies are willing to reimburse urgent care centers for facility fees in addition to physician fees. To the extent that urgent care centers function more like emergency departments than

primary care doctor's offices, the ability to recover a facility fee may be crucial to the long-term financial health of the industry. At the same time, would charging a facility fee cause urgent care centers to lose some of their attraction as a lower-cost alternative to emergency department services? Would an accreditation process create an increased ability and increased requirements to monitor the quality of care provided in urgent care centers?

How will payers respond? How much will patients pay?

The financial success of the industry will depend on the willingness of government programs and of insurers—and hence the employers who purchase coverage–to reimburse for services provided in urgent care centers. Payments must be high enough to cover the centers' costs and desired profit at the same time that co-payments and total out-of-pocket costs for patients must be low enough to encourage them to seek out urgent care centers. The ability to balance these competing needs may well depend on whether insurers view urgent care centers as a more expensive option for providing primary care services, or as a less expensive alternative to emergency department visits for low-acuity patients. Will patients be willing to pay higher out-of-pocket costs for the convenience of an urgent care center if health plans raise co-payments? How will the presence of retail clinics affect patients' costs when seeking episodic care for minor conditions?

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